

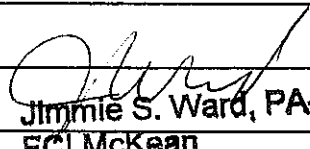
Exhibit 2a

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6-17-05 1130	FU - Status Wound Rt foot area - pt c Vascular Disease low Extremities - Also thick fungal nails - need trimming.
	VE - thick overgrown Toenails need Trimming - obvious Vascular Compromise Both low extremities - Rt foot healing okay - looking Good c & 2° Defect.
	A - ① Status Wound - Healing - Rt foot ② Onychomycosis - Both feet
	Plan - ① Cast boot / c Ace Wrap. ② Trimmed Toenails. ③ pte x 1 wk
	Nuty 
	Jimmie S. Ward, PA-C FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Cherry, Danny
07928-078

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000001

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5/11/05 1315	S: Rev of ankle ulcers. Pt states he is in a lot of pain, but it is better now. O: NAD E: noted crusted areas of ankle bilateral, @ exudate @ edema, @ erythema. A: venous P: (1) Education - Pt in 2 days - Pt understands (2) dress boots taken off and ankles cleaned w/ betadine Eric Asp PA-C
5/13/05 0945	S: Rev of ankles. Clo pain 9/10. Went against my advice and put silvadene & bandaged the area. O: NAD E: noted ↑ ulceration of ankles bilateral A: ulcers P: (1) Education - Pt in a week - Pt understands (2) dress boots applied & adapted a silvadene Eric Asp PA-C

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 07928-078
			WARD NO.

Cherry, Darryl
07928-078

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIMR (41 CFR) 201-9.202-1

G00002

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5/27/05 0730	Admin. Note - Came for medical supplies - gave 4x4's tape, lidocaine oint J Glenn FNP-C
6/10/05 1100	S: Re ankle, Lt state that (R) ankle is completely healed and doing great, states (L) ankle has some pain, pain level 5/10. Does state that he is doing much better over all. O/NAD EAT: (R) ankle & intact skin, no pain to palpation. (L) ankle & intact "sway" skin & some pain to palpation. A: status ulcers resolving. P/D Education - leg care - Lt understands (1) cast boot applied & set to dry to (L) ankle leg (2) He 1 week for boot off & to nail trim (3) boot trim over apply to area B/D depends to 1 R-3 Eric Asp. PA-C FCI McKean
	Reviewed By: V. Geza, PharmD

MEDICAL RECORD

CHRONOLOGICAL RECORD

MEDICAL CARE

DATE	SYMPTOMS, Dx	DIS. TREATMENT	TREATING DRUG	ACTION (Sign each entry)
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <u>Hypertension</u>			
	SUBJECTIVE: (Chief Complaint)			
5/10/05	"I need to be in a wheelchair," due for una boot change tomorrow			
1230h	Med. Compliance: <u>Pain terribly</u>			
	OBJECTIVE: (Review System) Age: <u>52</u> Sex: <u>Male</u> Race: <u>Scay</u>			
	B/P: <u>114/60</u> P: <u>70</u> Wt: <u>230#</u> T: <u>5'8"</u> R/T: <u>5'8"</u> SO2%: <u>98%</u> Peak Flow: <u>350 L/min</u>			
	HEENT: <u>OK</u> Last Op / Opth. Eval.: <u>OK</u>			
	Heart: <u>OK</u>			
	Lungs: <u>Wants motion</u>			
	Abdomen: <u>understand</u>			
	Genital / Rectal: <u>The risk of Hypertension</u>			
	Extremities: <u>UP - Cope</u>			
	Neuro: <u>Type Ia AT 59</u> <u>yellow phlegm</u>			
	Recent Lab Results:			
	ASSESSMENT(S): <u>una boot off - walk 5'</u>			
	DSM IV Classification: <u>una boots both legs</u>			
	Axis I: <u>Axis IV:</u>			
	Axis II: <u>Axis V: GAF Score:</u>			
	Axis III: <u>Psychiatry Vanc D3</u> <u>Hypertension</u>			
	Preventive Care: <u>Bracelets</u> Exercise: <u>OK</u>			
	Tobacco Use: Medication Side Effects:			
HOSPITAL OR MEDICAL FACILITY		STATUS		DEPART. / SERVICE
SPONSOR'S NAME		SSN / ID NO.		RECORDS MAINTAINED
		RELATIONSHIP TO SPONSOR		FCI McKear

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

WARD NO.

Darryl Cherry

CHRONOLOGICAL RECORD OF MEDICAL

Medical Record

STANDARD FORM 600 (REV. 8-71)

6000004

07928-078

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Pain Level: 1 2 3 4 5 6 7 8 9 10

PLAN:

Patient Education:

- (☒) Discussed Test Results (☒) Discussed Tx Plan
 (☒) Etiology, Complications, Prognosis, Prevention
 (☒) Diet, Diabetic / Cardiac / Disease, Lifestyle Changes (☒) No Smoking
 (☒) Medication Dosage / Administration / Compliance / Side Effects
 (☒) Patient Understood Topics (☐) Verbalized Understanding
 (☒) Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.

Diagnostic Studies: (☐) CBC / Dif (☐) U/A (☐) LFT (☐) Chem. Profile (☐) Lipids (☐) HgA1c
 (☐) PSA (☐) Viral Load (☐) CD4 (☐) Toxo Igg. (☐) Hepatitis Panel
 (☐) CXR (☐) EKG (☐) Others:

Consultations: (☐) Optometrist (☐) Ophthalmologist (☐) Orthopedic Surgeon
 (☐) Others:

Referral for Vaccination: (☐) Influenza (☐) Pneumococcal (☐) Other:

Return to Clinic for routine Follow-Up on: 3mo

Treatments(s):

Motrin 800mg $\dot{\bar{p}}$ po tid #30 RF2
 Bactrim DS $\dot{\bar{p}}$ po bid #30 RF2
 Silvadene use QD #1 brt
 Hctz 50mg $\dot{\bar{p}}$ po QD #30 RF2
 Kcl 10mg $\dot{\bar{p}}$ po QD #30 RF2
 Trental 400mg $\dot{\bar{p}}$ po tid #90 RF2

Reviewed By:
 V. Geza, PharmD

H. BEAM, MD
 FCI MCKEAN

000005

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/28/05 1130	S: R ✓ of ankle ulcers & skin hurts sometimes O: NAP noted heels & venous having areas of white from treatment A: venous stasis & venous P: ① Education - Flu in 1 week - Pt understands ② podophyllin applied to ankles bilateral & difficulty Eric Asp PA-C
5/3/05 1310	S: R ✓ of ankle. Pt states severe pain and smell of ankles bilateral. Pain 10/10. O: NAP ETX: Noted area of venous white and peeling. ① exudate, ② erythema, ③ edema, A: venous P: ① Education - Tx plan, Flu in 1 week - Pt understands ② Area debrided bilateral, cleaned & hibicleanso, preventive ③ litrodene, adapten, and amscrin applied bilateral ④ edle till 5/6/05 Eric Asp PA-C

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 07928-078
			WARD NO.

Cherry, Parryl
07928-078

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000006

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/11/05 1300	S: Had inmate brought to Health Services to check on his ulcer (ankle). states he took his sock off after 10 days. He is not having any pain. O: N/A E+T: noted (L) ankle to intact skin and then band of venous (per bumpy) still present. (R) ankle to similar band of growth A: venous stasis & venous P+V Education - tx plan - Pt understands (2) for PRN (3) area of both ankles to growth had podophyllin applied the covered to bandaid. Instructed to leave on for 24 hours. Eric Asp PA-C
4/11/05	Adm lab: Hepc = type I b PTU C.C. Clinic H. BEAM, MD RECORDS MAINTAINED AT FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 07928-078
			WARD NO.

Cherry, Darryl
07928-078

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIMR (41 CFR) 201-9.202-1

000007

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/18/05 0900	<p>Institutional lockdown sick call needs refill: Plac. G. Clark</p> <p>Bacitracin med bid #1 RPS</p> <p>Reviewed By: V. Geza, PharmD</p> <p>H. BEAM, MD FCI MCKEAN</p>
4/5/05 1330	<p>S: P ✓ of ulcers states doing good.</p> <p>O: MAP</p> <p>ENT: noted area of rough skin at heel</p> <p>A: removed</p> <p>P: (1) Education - Pln every Tuesday - Pt understands</p> <p>(2) Heel & podophyllin put on there.</p> <p>Eric Asp PA-C</p>
4/15/05 1040	<p>S: P ✓ of feet. States doing ok.</p> <p>O: MAP</p> <p>ENT: noted improved rough area.</p> <p>A: removed</p> <p>P: (1) Education - Pln every Tuesday - Pt understands</p> <p>(2) Heel & podophyllin applied to heel</p> <p>Eric Asp PA-C</p>

MEDICAL RECORD CHRONOLOGICAL RECORD MEDICAL CARE

DATE	SYMPTOMS, DI.	SIS. TREATMENT, TREATING OR.	ATION (Sign each entry)
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Orino () General () Other: <i>Hepc Pyrih Everonstatis</i>		
	SUBJECTIVE: (Chief Complaint)		
<i>2/22/05</i>	<i>TR 02 P.A. (Asp) Venumstatis -</i>		
<i>0940</i>	<i>Daniel Cherry</i>		
	Med. Compliance:		
	OBJECTIVE: (Review System) Age: <i>52</i> Sex: Male Race:		
	B / P: <i>96/60</i> P: <i>70</i> Wt: <i>233</i> T: R / R: SO2%: Peak Flow:		
	HEENT: <i>OK</i> Last Op / Opth. Eval.:		
	Heart: <i>OK</i>		
	Lungs: <i>clear</i> <i>it edig</i>		
	Abdomen: <i>it edig</i>		
	Genital / Rectal: <i>Daniel Cherry</i>		
	Extremities:		
	Neuro:		
	Recent Lab Results:		
	ASSESSMENT(S): <i>ALT 51</i>		
	DSM IV Classification		
	Axis I:	Axis IV:	
	Axis II:	Axis V: GAF Score:	
	Axis III: <i>Hepc Pyrih Everonstatis</i>		
	Preventive Care:	Diet: <i>water</i>	Exercise: <i>yes</i>
	Tobacco Use: <i>no</i>	Medication Side Effects: <i>no</i>	

Diabetic foot:
Screen Test StaDiabetic foot:
Screen Test Sta

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAINED
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PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

07928-078

WARD NO.

000009

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

RD FORM 600 (REV. 6-97)

Printed by GSA / ICMR

File (41 CFR) 201-202-1

Daniel Cherry

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Pain Level: 1 2 3 4 5 6 7 8 9 10
	PLAN:
	<p>Patient Education:</p> <p>() Discussed Test Results () Discussed Tx Plan</p> <p>() Etiology, Complications, Prognosis, Prevention</p> <p>() Diet, Diabetic / Cardiac / Disease, Lifestyle Changes () No Smoking</p> <p>() Medication Dosage / Administration / Compliance / Side Effects</p> <p>() Patient Understood Topics () Verbalized Understanding</p> <p>() Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.</p>
	<p>Diagnostic Studies: () CBC / Dif () U / A () LFT () Chem. Profile () Lipids () HgA1c</p> <p>() PSA () Viral Load () CD4 () Toxo Igg. () Hepatitis Panel</p> <p>() CXR () EKG () Others: <i>genotype</i></p>
	<p>Consultations: () Optometrist () Ophthalmologist () Orthopedic Surgeon</p> <p>() Others:</p>
	Referral for Vaccination: () Influenza () Pneumococcal () Other:
	Return to Clinic for routine Follow-Up on: <i>3mo</i>
	Treatments(s):
	<p><i>Handwritten:</i></p> <p><i>Hctz 50mg po qd #30 RF2</i></p> <p><i>Kel 10mg po qd #30 RF2</i></p> <p><i>Trental 400mg po tid #90 RF2</i></p> <p><i>Tylenol 500mg po qid #30 RF6</i></p> <p><i>Bee Citracal sure bid #1 RF4</i></p> <p><i>weekly visits</i></p> <p><i>cpr for Dreming A.</i></p>
	<p><i>Signature:</i></p> <p><i>H. BEAM, MD</i></p> <p><i>FCI MCKEAN</i></p>

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
2/8/05 1030	<p>S: Re v of @ foot ulcer. Pt states that he is doing ok, but is getting a lot of drainage</p> <p>O: NAP</p> <p>EXT: @ ankle - overdate - clear serous fluid.</p> <p>@ erythema, @ edema</p> <p>A: ulcers</p> <p>P: @ Education - Flu in 1 week - Pt understands</p> <p>@ tennis ball applied & ace wraps after cleaned & Hibiscene and silvadene applied.</p> <p style="text-align: right;">Eric Asp PA-C</p>		
2/9/05 1215	<p>admission note: Rx refill</p> <p>Motrin 400 mg 4 PO BID ^{PRN} discontinue #30 R-O</p> <p>Reviewed By: V. Geza, PharmD</p> <p style="text-align: right;">Eric Asp, PA-C FCI McKean</p>		

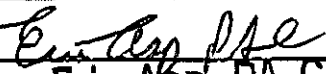
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Cherry, Darryl
07928-078

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000011

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2/22/05 0930	<p>SI Re ✓ of (1) ankle. It states doing well</p> <p>O: NAD</p> <p>noted every skin of (1) ankle. (1) exudate</p> <p>(1) erythema, mild edemas</p> <p>AI status unclear</p> <p>(1) Education - continue suna boot - Pt understands</p> <p>(2) Area cleaned w/ hibiclense, acetone, and adapted and suna boot applied</p> <p>(3) Pls in 1 week</p> <p style="text-align: right;">  Eric Asp, PA-C FCI McKean </p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1/19/05 0700	E: Emergency sick call. Pt. states his (L) foot is very painful. Pain level 10/10. Pt. states the area under the ulcer came off & the cast plaster. O. NAD Lab result biopsy - verruci vulgaris Eti: noted area of skin where verruci came off skin is intact but skin is tender. ⊖ exudate - A: Oniles (2) verruci P: (1) Education - tx plan discussed & Pt. - Pt. understands (2) x 3 days - given (3) area cleaned & Hibiclense then sitrodene, adapth and wound boot applied (4) scheduled for wound boot 1/26, 2/2, 1/8 (5) motrin 400 mg 1000 PO BID dispense # 32 R-O Reviewed By V. Geza, PharmD Eric Asp PA-C

1/26/05 1030hr	Admission Note - PVD/Tetanus status Area cleaned & Hibiclense & Dressing Silvadene ⊕ Unabraded & Acc Bandage ⊕ Healing Debridement & Infect. Pathology RTC 2/2/05 & PRN Educ. / understands / agrees Eric Asp PA-C Robert E. Plotrowski, PA-C FCI McKean
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HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 07928-078	WARD NO.

Cherry, Darryl
07928-078

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
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000013

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1-26-05 1050hr	Admin. Note PVD / Cutaneous Ulcer. Matrin Refill Matrin 400mg @ 7-11 PO BID Refill #32 & Rx. 1/26/05 Dennis Olson, MD Physician Robert E. Plotrowski, PA-C FCI McKean BOPOLI E. B. McKean, LV-C
2/3/05 1200	⑤ Hx for ischemic ulcer Lt. foot and ung boot & Pains 6 or 1-10 scale ⑥ NAD area Lt. foot healing & problem ① granulation & sign of infection ⑦ Lt. foot ulcer ⑧ 1) Area prepared 2) Dressing and unboot applied, all wrap to area 3) Educated on care of leg & foot 4) F/U 2/8/05 Rx 5) Matrin 400mg $\frac{1}{2}$ a $\frac{1}{2}$ po TID prn c food #30 NR Reviewed By: V. Geza, PharmD J. Glenn FAP-C

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

12/30/04

S: R ✓ of ② foot.

1050

states still no better

O: NAD

EAT: noted area of freshly healed ulcer
E area underneath E callus.

A: ulcer

P: ① Education - Plu in 1 week - Pt understands
② bacitracin oint apply to area BID dupine #1 R-3Reviewed By:
V. Geza, PharmDEric Asp
PA-C

1/6/05

S: R ✓ of ② foot. states doing better

1045

O: NAD

EAT: noted intact skin E callus area underneath
the area improved

A: ulcer

P: ① Education - Rx use - Pt understands
② Plu in 1 week③ Salicylic acid plaster apply to area for 48 hours then remove
24 hours then reapply. dupine #4 R-3Reviewed By:
V. Geza, PharmDEric Asp
PA-C

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

07928-078

Cherry, Darryl

07928-078

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)

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000015

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1/13/05 0830	S: Re v of ulcer It states Tx plan going ok. No increase in pain. O-VAD LHT: (2) ankle & softened tissue under ulcer. Ulcer has remained unchanged. A: ulcer P: (1) Education - continue care - Pt understands (2) Plr in 1 week (3) punch biopsy done - specimen sent out (4) area cleaned w/ bacitracin & bandage applied Eric Asp PA-C

~~Eric Asp~~
PA-C

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
11/4/04 1025	<p>S: Re V ulcer and some heart change.</p> <p>Pt has no complaints</p> <p>O: NAD</p> <p>Ext: noted (1) ankle is healed ulceration normal skin tone</p> <p>A: venous status ulcer</p> <p>P: (1) Education - Pt next Wednesday - Pt understands</p> <p>(2) wound boot applied & difficult</p> <p>Eric Asp RAE Eric Asp PA-C</p>		
11/16/04 1040	<p>S: Re V of ulcer. Pt states he is doing ok</p> <p>O: NAD</p> <p>Ext: (1) Ankle is intact & no ulceration</p> <p>A: venous status ulcer</p> <p>P: (1) Education - D/C all treatment - Pt understands</p> <p>(2) Pt P/N</p> <p>Eric Asp RAE Eric Asp PA-C</p>		
12-16-04 0715	<p>12-16</p>		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 07928-078

cherry, Darryl
07928-078

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000017

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/17/04 1000	<p>Si: Ulcer of (L) leg. Dress breaking down. needs wound boot.</p> <p>O: NAD</p> <p>EXT: noted ulceration of (L) leg at ankle tender to palpation</p> <p>A: states ulcer</p> <p>P: (1) Education - wound care - Pt understands (2) area cleaned & debrided; silver and wound boot (3) Rx in 1 week</p> <p style="text-align: right;">Eric Asp PA-C Eric Asp PA-C</p>
12/23/04 1000	<p>Si: Re V of leg. State feels ok, but sore, is painful; Pain level 7/10.</p> <p>O: NAD</p> <p>EXT: noted improved ulceration of (L) ankle</p> <p>A: states ulcer</p> <p>P: (1) Education - Pt in 1 week - Pt understands (2) area cleaned & debrided, silver and wound boot applied.</p> <p style="text-align: right;">Eric Asp PA-C Eric Asp PA-C</p>

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines
() Lipid () Pulmonary () Mental () Neurology () Ortho () General
() Other: *101 OLC Medications*

SUBJECT: *RECEIVED IN COURT*

28/04
1020
Tx'd for a leg stairs & peddle
o/p pain in hip; & broken

*Throat
sleep*

Med. Compliance:

OBJECTIVE: (Review System) Age: *51* Sex: Male Race:

B / P: *110/70* P: *70* Wt: *227* T: R / R: SO2%: Peak Flow:

HEENT: *ac* Last Op / Opth. Eval.:

Heart: *8yo*

Lungs: *clear* *(C) ankle healing only*

Abdomen: *no BS* *Amesobor di ite*

Genital / Rectal: *18 lateral malleol*

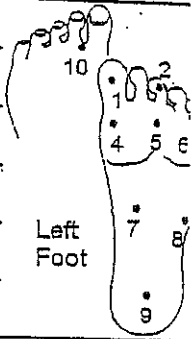
Extremities:

Neuro:

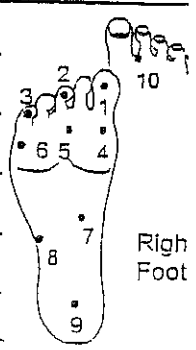
Recent Lab Results: *AT 55* *ALP 607*

ASSESSMENT(S):

Diabetic foot
Screen Test Steps



Diabetic foot
Screen Test Steps



DSM IV Classification

Axis I: Axis IV:

Axis II: Axis V: GAF Score:

Axis III: *Hepic* *Peyp Van DZ Elder*

Preventive Care: Diet: *water* Exercise: *ye*

Tobacco Use: *over* Medication Side Effects: *no*

HOSPITAL OR MEDICAL FACILITY STATUS DEPART. / SERVICE RECORDS MAINTAINED AT

ISOR'S NAME SSN / ID NO. RELATIONSHIP TO SPONSOR

IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO. *07928-078* WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CAR

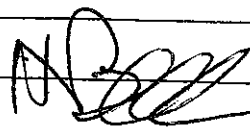
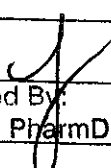
Medical Record

STANDARD FORM 600 (REV. 6-97)

Printed by GSA / ICMR

File # (41 CFR) 201-202-1 *600019*

Daryl Cherry

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:										
	Patient Education: <input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Verbalized Understanding <input checked="" type="checkbox"/> Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.										
	Diagnostic Studies: <input type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo Igg. <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:										
	Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others:										
	Referral for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:										
	Return to Clinic for routine Follow-Up on: 4mo										
	Treatments(s): HCTZ 50mg > 1 ^o po QD #30 RF3 Kcl 10mg > 1 ^o po QD #30 RF3 Timental 40mg > po tid #90 RF3 Tylenol 550mg > 1 ^o po bid #30 RF2										
	Referred to commissary for OTC medications. <div style="text-align: right;">  H. BEAM, MD FCI MCKEAN 600020 </div> <div style="text-align: center;">  Reviewed By: V. Geza, PharmD </div>										

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/7/04 1020h	<p>(S) Rtc / Fcl 10/1/04 - Una Boot 1 (+) LLE assess status ulcer resolution/healing. Reports - doing well = (++) healing. Removed boot prior to arrival. (C) CAD x3, NAD, amputatory, Daffed. LLE - Status Ulcer x2 - Medial Malleolus & Lateral Malleolus - Medial => (++) healing = 85%-90% resolved. - Lateral => (+) healing & Min. D per 10/1/04. (A) Status Ulcerations / PVD / Peripheral Vasc. (P) Reapply Una Boot Dressing Rtc & wk - reassess & reapply as appropriate Rtc PRN Educ. / understandings - agrees</p>

Robert E. Plotrowski, PA-C
 FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Cherry 07928
 Daryl 078

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
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000021

Robert E. Piotrowski, PA-C
FCI McKean

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
9-2-04 0955 hr	<p>Admin. note BTC - Supplies - Reports doing well Healing continues 5/2 8/25/04 Denies Acute D's CPOX3, NAD, apyhtatary D affect 4x4's / Kling / Silvadene issued.</p> <p>Robert E. Piotrowski, PA-C FCI McKean</p>		
9/9/04 1000	<p>Admin. Note - Supplies given, status doing well no complaints</p> <p>J. Glenn, FNP-C FCI McKean</p>		
9/16/04 1015	<p>Admin. Note - here for supplies for dog A (see note 9/2/04) supplies given, denies pain</p> <p>J. Glenn, FNP-C FCI McKean</p>		
9/23/04 0800 hr	<p>Admin. Note - Supplies (4x4, Silvadene, Kling) issued.</p> <p>Robert E. Piotrowski, PA-C Robert E. Piotrowski, PA-C FCI McKean</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	RECORDS MAINTAINED AT
		FCI McKean	FCI McKean
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Cherry, Daryl
07928-078

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000023

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9/30/04 0930h	<p>Admin. Note Reports to P/a Supplies Reports → R15 - doing very well → L15 - not responding to steroids dresses may require Una Boot RTC 10/1/04 @ 0930h for Una Boot. Understands / agrees</p>
10/1/04 0930h	<p>(S) 51 y/o AAOT RTC re. status when L15 - ankle/foot HK same as PVD (2) CPOX3, NAD, ambulatory, Difficult L15 → leg/ankle/foot → 9 pigmentation & diffuse Waxy & small cutaneous ulcerations & discharging of fluid (+ diffuse tenderness) (3) PVD - status ulceration lt. ankle/foot (4) Cleanse with saline & 1/20 Apply Silvadene & Una Boot RTC X1WK - assess & if appropriate reapply Una Boot & continue QWK till resolve → if slow to resolve → C95 Educate / counsel → Understands / agrees</p>

Robert E. Plotrowski, PA-C
FCI McKean

Robert E. Plotrowski, PA-C
FCI McKean

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
8/5/04 1300	<p>① R/L Leg. Reapply UNNA Boot</p> <p>② NAD see 7/29/04. X → area is drier, ↓ ulcerative regions 11/13 Some tenderness & edema, slight</p> <p>③ Venous Stasis Dermatitis R/L Cellulitis</p> <p>④ 1. Cleaned R leg & bedolins.</p> <p>2. Applied Silvaderm, UNNA Boot to R foot & leg overlaid & flexidote + ACE.</p> <p>3. Keflex 250mg Tpo QID x 7d #28 NR</p> <p>4. ReV in 7 days. PT is experienced & RE: wound care + his Dr (NO ED) (Today)</p> <p>Reviewed By: V. Geza, PharmD</p> <p>STEVEN LABROZZI PA-C Physician Assistant</p>		
8/12/04 1300	<p>① Here for dsg A Rt. leg & complaints & pain</p> <p>② NAD area healing well no s/s of infection</p> <p>③ Status after Rt. leg/foot</p> <p>④ Area cleaned & H₂O + H₂O₂</p> <p>2) Silvaderm & Unna boot applied</p> <p>3) Educated on skin care & R/L</p> <p>JOHN J. GLENN JNP-C</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

CHERRY) Darryl
 07928
 078

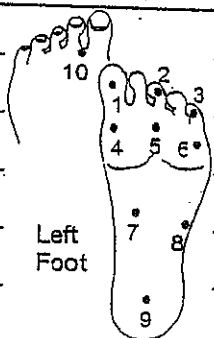
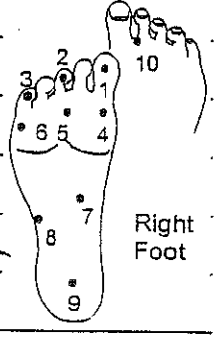
CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

000025

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
8/19/04 0920	<p>⑤ Dressing Δ. No complaints</p> <p>Refuses to take NSAIDs / APAP b/c Hepatitis for 40 PAIN, despite reassurances.</p> <p>⑥ NAD: ② foot: previously ulceration areas are healed.</p> <p>④ foot: 2 ulceration areas: dorsum at base of toes 3 & 4 lateral aspect of foot near arch.</p> <p>① Venous stasis Dermatitis</p>	<p>8/19</p> <p>① 1. Cleansed both feet + ② leg = 1:1 H₂O₂ NS: H₂O₂</p> <p>Painted areas = Petadine</p> <p>Applied Silvadene to ulcerative area of ④ foot & to formerly ulcerative area of ② foot.</p> <p>2. UNNA Boot applied to ② foot/leg.</p> <p>3. Gauze dressing applied to ② foot</p> <p>4. Supplies given for self-dressing wound care.</p> <p>5. Rev in 1 week.</p> <p>Steven Labrozzi, PA-C Physician Assistant</p>
8/25/04 1340	<p>⑤ Dressing change Hep A+B vaccine -</p> <p>Dentist doing well, no pain</p> <p>① NAD</p> <p>② foot = healed area - waxy skin intact</p> <p>④ foot = ulcerated areas</p> <p>A: ① vaccine injection ② dressing Δ</p> <p>R: ① Education - Plan as scheduled - Pt understands</p> <p>② area cleansed and bandaged - D/C unna boot</p> <p>③ injections given 5 difficulty - twice see form</p> <p>④ Tylenol 325 mg q.i. 10 TID PRN dispense #30 R 3</p> <p>⑤ Supplies given</p>	<p>Referred to commissary for OTC medications.</p> <p>Steven Labrozzi, RPh Pharmacist</p> <p>Eric [unclear] PA-C</p> <p>Steven Labrozzi, PA-C Physician Assistant</p> <p>600026</p>

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)	
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>Hep C Stasis A's Reph Vac D3</i>	
	SUBJECTIVE: (Chief Complaint)	
<i>13/04</i>	<i>Have foot @ leg drawing @ leg</i>	
<i>1300</i>	<i>diagnosed Hep C</i>	
	Med. Compliance:	
	OBJECTIVE: (Review System) Age: Sex: Male Race: B / P: <i>110/60</i> P: <i>70</i> Wt: <i>225</i> T: R / R: SO2%: Peak Flow: HEENT: <i>neg</i> Last Op / Opth. Eval.: Heart: <i>no</i> Lungs: <i>clear</i> Abdomen: Genital / Rectal: Extremities: Neuro: Recent Lab Results: <i>ALT 51 AST 8.8</i> ASSESSMENT(S):	
	Diabetic foot Screen Test Steps 	
	Diabetic foot Screen Test Steps 	
	DSM IV Classification	
	Axis I:	Axis IV:
	Axis II:	Axis V: GAF Score:
	Axis III: <i>Hep C with Vac D3 & edema</i> Preventive Care: Diet: <i>watch</i> Exercise: <i>yes</i> Tobacco Use: <i>never</i> Medication Side Effects: <i>no</i>	

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN / ID NO.	RELATIONSHIP TO SPONSOR	
PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; No. or SSN; Sex; Date of Birth; Rank / Grade)		REGISTER NO. <i>07928-078</i>	WARD NO.

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)
	Pain Level: 1 2 3 4 5 6 7 <u>8</u> 9 10
	PLAN: <i>see above</i>
	Patient Education:
	(<input checked="" type="checkbox"/>) Discussed Test Results (<input checked="" type="checkbox"/>) Discussed Tx Plan
	(<input checked="" type="checkbox"/>) Etiology, Complications, Prognosis, Prevention
	(<input checked="" type="checkbox"/>) Diet, Diabetic / Cardiac / Disease, Lifestyle Changes (<input checked="" type="checkbox"/>) No Smoking
	(<input checked="" type="checkbox"/>) Medication Dosage / Administration / Compliance / Side Effects
	(<input checked="" type="checkbox"/>) Patient Understood Topics (<input type="checkbox"/>) Verbalized Understanding
	(<input checked="" type="checkbox"/>) Instructed If Problems or Running out of medication, should sign up for sick-call or send cop-out.
	Diagnostic Studies: (<input type="checkbox"/>) CBC / Dif (<input type="checkbox"/>) U / A (<input checked="" type="checkbox"/>) LFT (<input type="checkbox"/>) Chem. Profile (<input type="checkbox"/>) Lipids (<input type="checkbox"/>) HgA1c (<input type="checkbox"/>) PSA (<input type="checkbox"/>) Viral Load (<input type="checkbox"/>) CD4 (<input type="checkbox"/>) Toxo Igg. (<input type="checkbox"/>) Hepatitis Panel (<input type="checkbox"/>) CXR (<input type="checkbox"/>) EKG (<input type="checkbox"/>) Others:
	Consultations: (<input type="checkbox"/>) Optometrist (<input type="checkbox"/>) Ophthalmologist (<input type="checkbox"/>) Orthopedic Surgeon (<input type="checkbox"/>) Others:
	Referral for Vaccination: (<input type="checkbox"/>) Influenza (<input type="checkbox"/>) Pneumococcal (<input type="checkbox"/>) Other: <i>Thyroid</i>
	Return to Clinic for routine Follow-Up on: <i>3mo</i> <i>stock</i>
	Treatments(s):
	<i>Hctz 50mg TID QD #30 PR 2</i>
	<i>Kd 10mg TID QD #30 PR 2</i>
	<i>Trental 400mg BID #90 PR 2</i>
	<i>Viewed by V. Geza, PharmD</i>
	<i>H. Beam, MD</i>
	<i>F. J. McKean</i>

000028

NSN 7540-00-834-4175

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
7/16/04	EMERGENCY
1130	<p>⑤ Pt presents at HSH E profuse bleeding of @ ankle lesion.</p> <p>⑥ NAD: Rt ankle in dressing from 7-15 (see 7-15) dressing + sock + profusely soaked in blood</p> <p>After dressing removed: same ulceration lesion at lateral aspect of foot as on 7/15</p> <p>There is no active bleeding at time of exam</p> <p>⑦ Hemorrhagic episode: ulcerative lesion, Tarsus Stasis Dermatitis</p> <p>⑧ 1. Area cleansed E NS and 1:1 NS-H₂O₂</p> <p>2. Pressure bandage applied E gauge, Flexi-1k.</p> <p>3. Supplies given to Pt for re-dress ptn: MOBAN, ACE also dispensed.</p> <p>4. RxC ptn.</p>
7/12/04	Admin Note:
1045hr	<p>Dressing supplies issued for self D's</p> <p>Trn reports doing well</p> <p>PTC 7/29/04 and PRN</p> <p>Understands / agrees</p>
	<p>Steven Labrozzi, PA-C Physician Assistant</p> <p>Robert E. Plotrowski, PA-C FCI McKean</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Cherry, Darrell

07928
078

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000029

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
7/29/04 0945	<p>③ Rev legs. Re Supply - dressing [Venous stasis Dermatitis + Ulcers] C/O ↑ pain... NAP not working well. HAS MOTRIN but is reluctant to use it b/c HCV.</p>
	<p>WANTS: Unna Boot to ② Leg Convalescence x 1 week PT states: he has enough NAP, MOTRIN, Silvaderm</p>
	<p>① NAP SKIN: LE --- has venous stasis dermatitis & irregular / discolor skin texture, several superficial, soft, weeping, ulceration lesion ② foot > ③ foot.</p>
	<p>④ Venous stasis Dermatitis</p>
	<p>⑤ 1. Cleansed areas w/ 1:1 H₂O₂ - NS</p>
	<p>2. Applied Silvaderm, Unna Boot to ② foot + leg: Overlayed w/ Flexi-lite + ACE</p>
	<p>3. Applied Silvaderm, Gauze, Flexi-lite + Tape to L foot</p>
	<p>4. PT encouraged to use MOTRIN for severe pain</p>
	<p>5. Convalescence x 1 week</p>
	<p>6. RTC in 7 days: Rev + re Dress + re Apply UNNA Boot</p>
	<p>Steven Labrozzi, PA-C Physician Assistant</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6/24/04 0950h	<p>(S) 51 y/o MA O² Rtc (1) Status ✓ Venous stasis ulcer (2) Toenails - hyperkeratinized & long need for trimming</p> <p>Report - doing very well - mostly healed & tender/red/discharge; has plenty supply</p> <p>(C) CPO x3, NPI, Ambulatory, Daffed</p> <p>LE - Foot/ankle - intact, 95% healed, (+) hyperkeratinization; ulcer/venous</p> <p>Right Foot - Digits - Nails - sig. overgrown & hyperkeratinization</p> <p>(A) PVI - venous insufficiency status ulcer Hyperkeratinization elongated overgrown toe nails</p> <p>(P) Continue Rx as prescribed</p> <p>Allow DM to employ (H) Nail clippers & podiatry procedure clipping supervised</p> <p>Nail clipping procedure completed by DM & DM Rtc as per scheduled weekly DPN</p> <p>Educated & Understands & Agrees</p> <p style="text-align: right;"><i>[Signature]</i></p>
	Robert E. Plotrowski, PA-C FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Cherry, Darrell
07928
078

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000031

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

7/1/04 Admin Note - Picked up supplies
for leg dog. *[Signature]*
1100 IS Glenn FNP-e

7/8/04 Admin Note - RTC P/u Supplies.
0925hr Reports doing well - cont. Healing of Acute &
Supplies issued RTC P/u - *[Signature]* (scheduled)

[Signature]
Robert E. Plotrowski, PA-C
FCI McKean

7/15/04 ⑤ - Dressing Δ + re-supply of dressing material
1230

- clo laceration to finger occurred last night while
reaching into his locker, + an unguarded razor
cut him.

⑥ NAD

LACERATED FINGER: ① blood crust in place } near fingertip/nail
② hemostasis } x 5mm laceration
③ edema/erythema }

Lower extremities/feet: Skin has irregular texture + color (hyperpigmentation)
② lateral foot: superficial 1" skin tear
③ foot: at least 3 sites on verge of
tearing/ulceration

④ - Laceration
- Venous stasis dermatitis/ulcers

⑦ 1. SILVADENE CREAM Apply to AA QD 50gpm 4/ RKS
during dressing
changes

2. Finger: cleaned & Betadine. STK-IT + STERISTRIPS applied
to reinforce approximation of wound margins.
Large Bandaid applied over STK strips

3. Feet: irrigated & Betadine. Dressed & Silvadene, DSD,
flexible, + tape

4. Pt ED: wound care. RTC if suppuration/edema/erythema occur.
5. rev in 1 week.

6. Dressing supplies
issued for
IM self-care.

Steven Labrozzi, RPh
Pharmacist

[Signature] Steven Labrozzi, PA-C
Physician Assistant

NSN 7840-00-834-4178

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5/27/04 1030	S: Inj. #1 of 3 per Dr Bean O: depeled A: cellulitis P: Rocephin 1 gram IM @ gluteal Reviewed by D. Olson, MD Date: 6/17/04 N. NELSON, LPN
5/28/04 1030 hr	Admin. Note - Rocephin Injection #2 of 3 16m Rocephin IM LT. Buttock Procedure tolerated well & incident Dx Cellulitis RLO - Leg. Rte PRN & 5/29/04 IM Inj #3 IM Underarms & dyres Robert E. Piotrowski, PA-C FCI McKean
05/29/04 1105 hrs.	Admin Note: Rocephin Injection #3 of 3 1 gram IM in Left Buttock - No problems w/ injection. A) Cellulitis. Reviewed by D. Olson, MD Date: 6/17/04 B. Douthit EMT-P B. Douthit, EMT-P FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 07928-079
			WARD NO.

Darryl, Cherry
First Name 5/27/04 Last

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 800 (REV. 8-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000033

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6/3/04 1200	<p>S: R/V Cellulitis and get dressing supplies. States that he is doing well to just a little pain. S/I/D</p> <p>O: N/A</p> <p>++: noted (R) lower leg & some warmth, hyperpigmentation and erythema and edema.</p> <p>A: cellulitis</p> <p>P: (1) Education - wound care - Pt understands</p> <p>(2) dressing supplies - given</p> <p>(3) F/U as scheduled</p> <p>(4) acetaminophen 325mg ii tabs TID PRN dispense #30 R-1</p> <p>(5) Zoflex 500mg 1PD BID dispense #56 R-0</p> <p>Reviewed by: V. Geza, PharmD</p> <p>Eric Asp, PA-C FCI McKean</p>
6/10/04 1130h	<p>RT C F/U</p> <p>Reports - Doing well = plenty of supplies. Has another appt. elsewhere & requested & scheduled to next week.</p> <p>Agreed - Reschedule per regular weekly v's</p> <p>(+) RT C PRN.</p> <p>Robert E. Piotrowski, PA-C FCI McKean</p>
6/17/04 1230	<p>Admin Note: dressing supplies given</p> <p>Discharge Note: 6/17/04</p> <p>N. NELSON, LPN</p>

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/27/04	<p>Urgent visit - 3 day Hx of redness @ lower leg painful to touch no fever URI recently</p>
1055	<p>0) looks OK @ lower leg redness to mid calf from ankle</p>
	<p>BP 90/60 P70 T 95.8</p>
	<p>Chronic stasis A's Bilaterally A7 cellulitis @ lower leg</p>
	<p>Has Tylenol</p>
	<p>P1 PTed - signs of increased infection - ↑ redness; fever - undulating Ceftriaxone 1 gram IM QID 3 day Then: Iceflox 500mg QID #50 RPT</p>
	<p>Daily chond. Oral x 3 @ PA Then Q week x 2</p>
	<p>Reviewed By V. Geza, PharmD</p>
	<p>HL BEAM, MD ECI MCKEAN</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

AUTHORIZED FOR LOCAL REPRODUCTION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/20/04 1230hr	<p>⑤ 51y/o AA09 Hx Venous Insufficiency RTC - wound Check Rt. Leg - Ulcer & Lt. Ankle Ulcer. - to see RPH & PPH Dressing & supplies - Reports - Healing & well & used refill Silvadene an ⑥ CAG x3, NAD, Ambulatory, & assist Bilateral LE's ulcers - healing well & discharge WNT @ RT. LE - anterior Tibia & LLE - medial malleolus ⑦ Venous Insufficiency & Stasis ulceration ⑧ RPH - dressing & supplies Silvadene oint 1/2 AAP & bandaged #1 & #2 x1 RTC PPH Educated / Understand / agree</p>

Steven Labrozzi, RPh
 Pharmacist

Robert E. Plotrowski, PA-C
 FCI McKean

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
 Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

07928-078

Cherry, Darryl

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

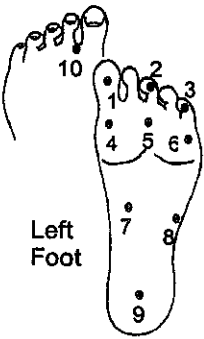
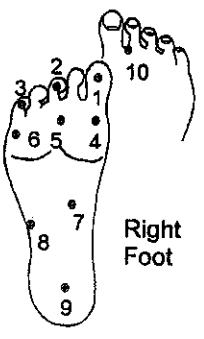
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000036

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)	
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>Hep C</i>	
<i>5/5/09</i> <i>0950</i>	SUBJECTIVE: (Chief Complaint) <i>feeling - over (all) pain laterally</i>	
	Med. Compliance:	
	OBJECTIVE: (Review System) Age: <i>51</i> Sex: Male Race:	
	B / P: <i>130/80</i> P: <i>70</i> Wt: <i>0</i> T: R / R: SO2%: Peak Flow:	
Diabetic foot Screen Test Steps  Left Foot	HEENT: <i>all</i> Last Op / Opth. Eval.: Heart: <i>OK</i>	
	Lungs: <i>clear</i> <i>antidote drug pack</i>	
	Abdomen: <i>clean</i>	
	Genital / Rectal:	
	Extremities:	
	Neuro:	
	Recent Lab Results: <i>ALT 08 (another level after that lost)</i>	
Diabetic foot Screen Test Steps  Right Foot	ASSESSMENT(S):	
	DSM IV Classification	
	Axis I:	
	Axis II:	
	Axis III: <i>Hep C, Neg wave D3</i>	
	Preventive Care:	Diet: <i>watch</i> Exercise: <i>yes</i>
	Tobacco Use: <i>all</i>	Medication Side Effects: <i>no</i>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN / ID NO.	RELATIONSHIP TO SPONSOR	

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; ID No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO. <i>07928-079</i>	WARD NO.
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CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

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Daryl Cherry

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)
	Pain Level: <u>1</u> 2 3 4 5 6 7 8 9 10 PLAN:
	Patient Education: <input type="checkbox"/> Discussed Test Results <input type="checkbox"/> Discussed Tx Plan <input type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input type="checkbox"/> No Smoking <input type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input type="checkbox"/> Patient Understood Topics <input type="checkbox"/> Instructed If Problems or if running out of medication, should sign up for sick-call or send cop out.
	Diagnostic Studies: <input type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input checked="" type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG. <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:
	Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others:
	Referral for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:
	Return to Clinic for routine Follow-Up on:
	Treatments(s): Kcl 10 mgn $\dot{\bar{i}}$ po QD #30 PRZ Hctz 50 mgn $\dot{\bar{i}}$ po QD #30 PRZ Trantrel 400 mgn $\dot{\bar{i}}$ po tid #90 PRZ
	Reviewed By: V. Geza, PharmD
	H. BEAM, MD FCI MCKEAN

000038

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
4/14/04 1230	S: Dsg N and supply pick up. O: NAD A: ulceration, healed over, & drainage. P: Dsg N, silvadene, applied and dry gauze. Supplies given for one week. <i>N. Nelson</i> N. NELSON, LPN		
4/14/04 1400	Admin. Note - (See above note) Rx - Silvadene oint. to area BID #1 Rx! <i>J. Glenn</i> Reviewed By: V. Geza, PharmD J. Glenn, FNP-C FCI McKean <i>H. Beam MD</i> H. BEAM, MD FCI McKean 4/15/04		
4/22/04 1300	③ Rev leg lesions. Re-Dress. Re-supply for self dressings. Pt states: sites are much improved: no open sores. REQUESTS Thigh-high TED ② NAD SKIN: Lower Left Leg: extensive lesions & scaling, & pigmentation, zones with small papules & larger nodules ① Venous insufficiency / Stasis Dermatitis ② 1. Cleaned areas & betadine 2. Redressed & Silvadene, sterile 4x4s, Flexibelt, Tape 3. 7 day supplies given for self-dressings. 4. Rev on TED. 5. NO Thigh-high TED in stock 6. PT ED: previously done. PT understands the plan. <i>Steven Labrozzi, PA-C</i> Physician Assistant		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
Cherry, Darryl		07928-078	

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

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